



Valley of the Temples / Byodo-In Temple

47-200 Kahekili Highway Mailing Address: P. O. Box 6009

Kaneohe, HI 96744-9167

Admin. (808)239-8811 Gift Shop (808)239-9844 Fax: (808)239-5600 Hours: 08:30am-5:00pm

www.byodo-in.com

RESERVATION FORM

Reserved for: () Photo Shoot () Ceremony, Wedding () Group Tour () Others

Date: _____ Time _____ to _____ (Mon / Tue / Wedn / TH / Fri / Sat / Sun)

Contact (Name, Company, Phone, Fax, Address):

This is a privately owned property. No pets allowed, except a service animal.

Following price is for attendance only. Set-up/Take-down not included. Add GE Tax(4.712%)

Basically, time allowed during business hours. 2-hour maximum.

			Amount	Date
\$800 (Use of temple/ground for wedding photo-shoot photographer not-included, funeral, memorial service, renewal of vow, special events, etc.)	Paid	Not Paid	\$837.70	_____
\$100 (Photo Shoot – no commercial use purpose professional or amateur photographer/Kimono, special/ethnic/martial arts attire, family for portrait)	Paid	Not Paid	\$104.71	_____
\$300 minimum & Up (Commercial Photography)	Paid	Not Paid	\$314.14	_____
\$5,000 minimum & Up (TV, Movie, upon negotiation)	Paid	Not Paid	\$5,235.60	_____

Admission Fees (including visit to Gen.Zhang Xue-liang grave): \$3 adult, \$2 senior, \$1 child
(except owners of niche & cemetery plot) 満州国「張学良」将軍の墓

\$_____per person (group reservation) Paid Not Paid _____

Method of Payment: _____

(If a check, please make it payable to the “Valley of the Temples” and mail it together with a copy of this form.)

Approx. _____ pax

In order to maintain this “private” cemetery and temple for perpetual care, special fees shall be assessed. Please refer to the above referenced fee schedule for individual site-use. Out of respect to those revered in this temple that is in the Valley of the Temples Memorial Park, we appreciate your understanding of our reason and ask for your usual manner when visiting a private property. Mahalo! The Management

RSVP taken by: _____ gift shop

Date: _____

E-Mail/ Hand to: _____

Date: _____

Event Coordinator _____
(Date)

Gift Shop Staff _____
(Date)

Temple Bishop _____
(Date)

Gate Security _____
(Date)

Form (Revised 7/01/2011)